PATENT S/N Unknown

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Greg Pudelko et al.

Examiner:

Unknown Unknown

Serial No.:

Unknown

Group Art Unit:

Filed:

Herewith

Docket:

905.034US1

Title:

BI-DIRECTIONAL CATHETER ASSEMBLY AND METHOD THEREFOR

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with 37 C.F.R. §§ 1.97 et. seq., the enclosed materials are brought to the attention of the Examiner for consideration in connection with the above-identified patent application. Applicants respectfully request that this Information Disclosure Statement be entered and the documents listed on the attached Form 1449 be considered by the Examiner and made of record. Pursuant to the provisions of MPEP 609, Applicants request that a copy of the 1449 form, initialed as being considered by the Examiner, be returned to the Applicants with the next official communication.

Pursuant to 37 C.F.R. §1.97(b), it is believed that no fee or statement is required with the Information Disclosure Statement. However, if an Office Action on the merits has been mailed, the Commissioner is hereby authorized to charge the required fees to Deposit Account No. 19-0743 in order to have this Information Disclosure Statement considered.

INFORMATION DISCLOSURE STATEMENT

Serial No :Unknown

Filing Date: Herewith

Title: BI-DIRECTIONAL CATHETER ASSEMBLY AND METHOD THEREFOR

The Examiner is invited to contact the Applicants' Representative at the below-listed telephone number if there are any questions regarding this communication.

Respectfully submitted,

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Date of Deposit: September 24, 2003

This paper or fee is being deposited on the date indicated above with the United States Postal Service pursuant to 37 CFR 1.10, and is addressed to The Commissioner for Patents, Mail Stop Patent Application, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/08A(10-01)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Substitute for form 1449A/PTO Complete if Known INFORMATION DISCLOSURE Unknown **Application Number** STATEMENT BY APPLICANT Even Date Herewith **Filing Date** (Use as many sheets as necessary) Pudelko, Greg **First Named Inventor** Unknown **Group Art Unit** Unknown **Examiner Name** Attorney Docket No: 905.034US1 Sheet 1 of 1

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Examiner Initial *	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document	Class	Subclass	Filing Date If Appropriate		
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OTHER DOCUMENTS NON PATENT LITERATURE DOCUMENTS						
Examiner Initials*	Cite No ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T²			